

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE	3. LOCATION CODE	4. BEAT/OCCUR						
	14-MAR-2016	21:46:00	3704 W POLK ST CHICAGO, IL 60624	291	1133						
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT		
	9161	LAGUNAS	ALEJANDRO	9916	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	\$		507	188		
	14. DATE OF APPT	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?					
	28-OCT-2002		011 1162D	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.			
	HARRIS	LAMAR		<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	07-JUL-1986	508	185			
	28. ADDRESS 1021 ELGIN FOREST PARK, IL 60130	29. TELEPHONE NO	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
			<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?	35. CONDITION								
			<input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	<input type="checkbox"/> 02 Not Hospitalized	<input type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED			<input type="checkbox"/> DNA	37. CB NO.	IR NO.	<input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE		
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	FLED	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input checked="" type="checkbox"/>	
	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER _____		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input checked="" type="checkbox"/>	
	OTHER _____		OTHER _____				OTHER _____		OTHER _____		
	MEMBER'S RESPONSE	MEMBER PRESENCE	<input checked="" type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input checked="" type="checkbox"/>
		VERBAL COMMANDS	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____	
		ESCORT HOLDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>		
		WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>						
		ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>						
		PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun)	<input type="checkbox"/>						
CONTROL INSTRUMENT		<input type="checkbox"/>	TASER (Spark Deployed)	<input type="checkbox"/>							
OC CHEMICAL WEAPON		<input type="checkbox"/>	OTNER _____								
WAUTHORIZATION											
OTHER _____											
38. OC/OCHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION							
				ASSAILANT USED AND POSSESSED A .40 CAL GLOCK 22 SEMI AUTOMATIC HANGUN, DESERT BROWN IN COLOR. SERIAL # THV404							
POSITION		STAR NO.	UNIT	41. WEAPON TYPE		42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS			
				<input checked="" type="checkbox"/> 04 SEM-AUTO PISTOL	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dust <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	CLEAR			
				<input type="checkbox"/> 01 REVOLVER	<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 03 TASER (Probe Discharge)	<input type="checkbox"/> 07 OTHER				
						45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE		
						GLOCK, INC.-AU-	17	4.5	9 MM		
49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
		RMG669		R021071S		77583169					
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED				
		0		Department Issued		1	16				
59. WHO FIRED FIRST SHOT		60. WAS FIREARM RELOADED DURING INCIDENT		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN	63. DID MEMBER USE SIGHTS				
<input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		0		<input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	<input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
64. HOW WAS MEMBER'S HANDGUN DRAWN		65. SPECIFY METHOEQUIMENT USED TO RELOAD		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED							
<input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW		DNA		<input type="checkbox"/> 01 D - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON		70. PERSONAL INFO.					
UNKNOWN		<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							
71. RD. NO. 160741472											
72. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
73. REPORTING MEMBER (Print Name) BARNETT, THOMAS W 15-MAR-2018 05:15:27											
74. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F											
STAR NO. SIGNATURE DATE REVIEWED TIME 382 [REDACTED] 15-MAR-2016 05:19:39											
75. REVIEWING SUPERVISOR (Print Name) RUIZ, BERSCOTT F											
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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reasons)

Fatally wounded.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Ofc. LAGUNAS fired his weapon in fear of his life and the lives of his fellow officers. Offender HARRIS, Lamar JR# 1311041 fired his weapon striking two of his fellow officers. Ofc. LAGUNA returned fire and HARRIS was fatally wounded.

U#: U-16-002
CL Log #: 1079661

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1079661 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

DATE COMPLETED

TIME

15-MAR-2016 05:21:09

79. TOTAL TRR's THIS EVENT No.

4